



2020 STEP THERAPY CRITERIA

UCare Medicare Classic (HMO-POS)

UCare Total (HMO-POS)

UCare Essentials Rx (HMO-POS)

UCare Standard (HMO-POS)

UCare Prime (HMO POS)

Care Core with Fairview & North Memorial (HMO-POS)

Care Advantage with Fairview & North Memorial (HMO-POS)

EssentiaCare Secure (PPO)

EssentiaCare Grand (PPO)

UCare Medicare Group Plans (HMO-POS)

In some cases, UCare Medicare Plans, EssentiaCare or UCare Medicare Group Plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UCare Medicare Plans, EssentiaCare or UCare Medicare Group Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare Medicare Plans, EssentiaCare, or UCare Medicare Group Plans will then cover Drug B. This is a list of drugs that require these steps for us to provide coverage.

Effective 02/01/2020

Inhaled Long Acting Anticholinergics

Products Affected

- LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION

Details

Criteria	If the patient has tried at least one Step 1 drug, then authorization for a Step 2 drug may be given. Step 1: Spiriva Handihaler, Spiriva Respimat, or Incruse Ellipta Step 2: Lonhala Magnair
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TRELEGY ELLIPTA

Products Affected

- TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION

Details

Criteria	If the patient has tried at least one Step 1 drug, then authorization for a Step 2 drug may be given. Step 1: Spiriva Handihaler, Spiriva Respimat, Incruse Ellipta, Anoro Ellipta, or Stiolto Respimat Step 2: Trelegy Elipta
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